

10/363-228

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>1115626-7</i>	FILING DATE					
							APPLICANTS						
<i>10/9/73</i>							CLAIMS						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							S1						
2							S2						
3							S3						
4							S4						
5							S5						
6							S6						
7							S7						
8							S8						
9							S9						
10							S10						
11							S11						
12							S12						
13							S13						
14							S14						
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17							S17						
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41							S41						
42							S42						
43							S43						
44							S44						
45							S45						
46							S46						
47							S47						
48							S48						
49							S49						
50							S50						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	18	↓	←	←	↓	←	TOTAL DEP.	↓	↓	↓	↓	↓	
TOTAL CLAIMS	19						TOTAL CLAIMS						

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